

# ST. BARTHOLOMEW'S



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### THE PANACEA

Too rarely is the exacting accuracy of the experimental physiologist turned against the heady commercial optimism of the patent medicine manufacturer. Such a pleasant encounter occurred in recent months when Ivy,\* adapting the technique he employed to demonstrate cholecystokinin, made a critical scrutiny of a popular brand of liver pills.

While overlooking the maker's generous estimation of the importance of bile in alimentary and bodily well-being, the experimenter discovered, probably not to his great surprise, that the remedy had effect neither on the flow of bile nor the contractions of the gall-bladder. So far this rather fundamental observation has discomforted neither the producers nor the consumers of the product: our journeys on the Underground are still lightened by advertisements underlining the importance of keeping our bile on the move.

During recent years legislation has been introduced to put some rein on the imagination of the patent medicine vendor, but its effect on this flourishing and lucrative industry can hardly be regarded as mortal. Although the public may no longer be tragically beguiled into purchasing self-cures for cancer, they are left mercilessly exposed to all manner of attack through their less dangerous but more frequent upsets. How familiar to us are the cures for dyspepsia, constipation and insomnia, ointments that melt away piles overnight, and capsules which offset the effects of turning fifty—familiar to us and anyone else in the Kingdom with eyes in his head to read. In a decade, the patent medicines have created a nation most conscious of its bowels and *factor oris*.

The popularity of these secret remedies with the public seems to rest partly on desperation, partly on apparently unquenchable human optimism, but mostly on maliciously skilful advertising. This last casts the suspicion that the Press, only too willing noisily to defend the common man against the perils of civilization, can hardly be expected to raise with enthusiasm a subject likely to alienate its most profitable advertisers. Whether we like it or not, any crusade lacking the support of the newspapers is soon likely to find itself becalmed upon a sea of public apathy.

It is difficult to decide how the patent medicine industry should be dealt with—if indeed we are entitled to deal with it at all. The extreme of requiring a doctor's prescription for all medicines, though finally less extravagant for the patient, would be impractical and unpopular; the medicine cabinet is a too well-rooted, though potentially dangerous, tradition in the British home. The trouble lies not in the bottle but on the label, and a stricter control over the accuracy and amount of patent medicine advertisements would prevent much future mischief. It is grotesque that, as at present, substances designed to alter and control the working of man's body should be sold and utilised as irresponsibly as sausages or shaving-soap.

How this desirable control is to be exercised is a more elusive problem. We have not since the war been subjected to those Sunday tirades from across the Channel against our miserable state of health, to those lectures from the transmitters of Northern France, into the arms of which the ponderous programmes of our own B.B.C. too often sent us flying. It is press and poster upon which our modern alchemists now

\* Quart. Bull. Northwest Univ. Med. School, 1942, 16, 298.

depend, much the same as the strolling medieval quack called attention to his cures for syphilis and the like by hawking aloud his wares in the market-place. Except that the charlatan could hardly set about convincing the hale members of his audience that they, too, were undoubtedly suffering from syphilis, while his modern counterpart takes pains to insist that almost everyone stands in crying need of his beneficial box of pills.

One helpful step that might be taken in the right direction would be the insistence that no drugs could be advertised to produce *directly* effects unconfirmed by the study of their pharmacology. This would, for instance, evaporate the overpowering *joi de vivre* apparently obtainable through so many laxatives. Another and far more attainable solution, in that it has no need to pass the heavy hazards of legislation, is the suggestion that the public should be better educated by us in these matters. A hopeful and rose-tinted prospect,

perhaps, with the public by now firmly convinced of the efficiency of their favourite medicines, and already suffering under a surfeit of official education in all matters from V.D. to the reporting of rats.

For the present it seems we shall have to confine ourselves to hoping the patent medicine bogey is not so serious a menace as we have almost automatically come to regard it—to hoping the easy symptomatic treatment it offers is not masking too long too many serious underlying causes—to hoping that patients unheeding of approaching their doctor for the wherewithal to abate their early symptoms are thus escaping our early diagnosis. Of course, the patent medicines, with their clamorous instances of success, may accomplish many effective cures by suggestion; but most doctors, we feel, could quite impressively supply an as unpalatable placebo prescription for, if necessary, an equally impressive cost.

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## EVE'S METHOD OF RESUCITATION

By D. LEIGH SPENCE

There has been a large amount of correspondence lately in various medical and lay journals for or against Eve's method of resuscitation from asphyxia, especially due to drowning, and the destructive criticism depends largely on comparing the human body with sponges and rubber bags and expecting a totally inadequate piston to work against a taut membrane, and so on. May I explain, one writer suggested that the total weight of the stomach and intestines (60 ozs.) would not be sufficient to raise the diaphragm or lower it and I do not think that anyone has suggested that, as such, the intestines could do this. A drowning person usually swallows a considerable amount of water, 4 pints or 80 ozs. would be a reasonable amount, and this plus the 60 ozs. would be 140 ozs., or nearly nine pounds, a not inconsiderable weight which would, against a flabby diaphragm, exert a considerable influence. The liver and spleen being fixed organs need not be brought into the picture. The same writer argued that by Eve's method one would expect an alternating congestion and draining of the brain, to its obvious detriment. But could this be so with a position of one second, head down and two seconds feet down, the other two seconds of the cycle being taken up by the movements of the body? If in a healthy body the complete circulation takes seven

seconds, I believe that was what I was taught more years ago than I care to remember, then it would be impossible for the respiratory centre to be affected in any way by flooding the brain with CO<sub>2</sub> charged blood. But certainly there is time in this five second cycle for blood to pass to a certain extent through the right heart into the lungs and back into the system, not much, but still certainly more than would be expected by manual pressure on the lower part of the chest of a patient in the prone position.

In a recent letter to the B.M.J. the exact results of an experiment carried out on an anaesthetized person by the three different methods gave the following interchange. Eve's, 580 c.cm.; Silvester's, 400 c.cm., and the much lauded Schafers, 340 c.cm. The discrepancy is too great to allow for argument and I am looking forward to the further details of these investigations when there published.

I feel that resuscitation is the correct terminology for Eve's and artificial respiration for the other two, because in the former one does expect some restoration of the circulation and one can keep the patient decently warm, as proved at a recent demonstration by our casualty services. At the end of the period occupied by Schafers method while waiting for the arrival of the stretcher and trestle everything was done to try and keep the man warm

without effect, but within five minutes of placing him on the stretcher he was thoroughly warm, his pulse had improved (noted by an independent observer from a neighbouring district) and he expressed himself to have greatly benefited by the treatment.

The exercise was carried out on a stretcher cum trestle designed and manufactured by an engineer member of our service, it is portable

and transported on a two wheel trolley drawn by a cyclist.

We feel that such an apparatus would be invaluable as part of the equipment of any of the authorised places where people bathe or swim. It can be manipulated by any onlooker under the direction of the previously trained bath attendant, it gives the full range of movement necessary and is therefore effective for the purpose for which it is intended.

## A CASE OF RESISTANCE TO ANÆSTHETICS

By GORDON OSTLER

In April, 1940, Pilot Officer X, aged 19, was involved in a collision in mid-air and came down in flames, suffering severe burns to his face and hands. In July, 1940, he came under the care of the Plastic Unit at Hill End Hospital, and the following is an account of his subsequent reactions to anæsthesia.

He had previously been treated at another hospital, where he was operated on twice, and during his three-month sojourn there he received Morphine gr.  $\frac{1}{4}$  at 4-hourly intervals. His general condition on admission to Hill End was poor, and deteriorated still more, the Morphine being cut down. Three months later he improved considerably, in spite of complete withdrawal of the Morphine, and remained fit ever since. He has been throughout a fairly heavy spirit drinker.

In August, 1940, he underwent the first of the 14 operations so far performed upon him at Hill End. During the succeeding twelve months he had nine operations under Hexabarbital-GOE anæsthesia, Mist. Hyoscine "A" min. 4 being given pre-op. and Morphine gr.  $\frac{1}{4}$  post-op. in all cases. For the first six of these operations the patient's behaviour was completely satisfactory, but before the remaining three his "morale" fell considerably, and he began to face his visits to the theatre with considerable trepidation. He became violent and abusive for 24 hours after operation, had post-operative vomiting for two-three days, and could only be quietened by injection of Morphine gr.  $\frac{1}{4}$ .

It was decided he should be given an extended holiday from the hospital, and after a period of leave he returned to the R.A.F. and flew as an instructor. He re-entered Hill End in February, 1943, in excellent physical condition, for further surgery on his hands—which, it should be added, calls for a deeper level of anæsthesia than most plastic work, and

has quite frequently a painful aftermath. It was noticed on his re-admission that he had great difficulty in sleeping, the usual "P.R.N." hypnotics, such as Veganin and Soneryl, being of little effect.

On February 24th, 1943, he underwent a lengthy hand operation under .5 Gm. Pentothal-Cyclopropane-Gas and Oxygen sequence. Premedication was Omnopon gr.  $\frac{1}{3}$ —Scopolamine gr.  $\frac{1}{150}$ ; Morphine gr.  $\frac{1}{6}$  was given post-operatively. He required an amount of Cyclo. above the average for induction, but on this occasion gave little trouble either to the anæsthetist or ward staff. On May 10th, 1943, an operation on his thumb lasting three minutes required .75 Gm. Pentothal for adequate anæsthesia after the same premedication. A fortnight later an operation was performed on his ilium, for which he was premedicated with Seconal gr.  $4\frac{1}{2}$ , given  $1\frac{1}{2}$  hours beforehand, followed by Omnopon gr.  $\frac{1}{3}$ —Atropine gr.  $\frac{1}{100}$   $\frac{1}{2}$  hour before induction.

In the anæsthetic room .5 Gm. Pentothal was injected rapidly, but the patient remained awake. G.O. Trilene was administered for  $\frac{1}{4}$  hour before a nasal tube could be passed and the patient taken into the theatre. A pharyngeal pack was inserted, and although there was no gross leak in the circuit he had to be maintained on Cyclo. 150 cc./min.—Oxygen 300 cc./min. All the time he remained extremely light, and after  $1\frac{1}{2}$  hours of operation he awoke while going back to the ward on the trolley, which he attempted to leave. Half-an-hour later he was throwing sundry objects about the ward, and had become abusive. He was given Omnopon gr.  $\frac{1}{3}$  intra-muscularly, which quietened him for about an hour. Later he was given Soneryl gr.  $4\frac{1}{2}$ , and at 10 p.m. 100 mg. Pethidine—four times the manufacturer's recommended dose. Despite all this, he spent a sleepless night during which he complained constantly of pain, and at 7 the next

morning he received Omnopon gr. 2/3 orally, which caused him to settle down. The next day he was quite normal in his behaviour, and no other drugs were administered.

Four weeks later he was operated upon again, for which he was given the same premedication, save that the Seconal was increased to gr. 5½. Induction was with .5 Gm. Pentothal-G.O. Trilene, and he was maintained on 150 cc./min. Cyclo. The anaesthetic was discontinued as the wound was being dressed, and the patient woke on the table. He was troublesome on the trolley, and on his return to the ward was given Omnopon gr. 2/3 by mouth, but without effect. He slept intermittently after Seconal gr. 3½, but Morphine gr. ¼ at 1 a.m. had an instant result. Though complaining of pain, the next day he was normal.

His latest operation was on July 14th, 1943, when he was given Seconal gr. 5½, and Omnopon gr. ½—Atropine gr. 1/100 premedication 1½ hours and ½ hour beforehand, respectively. He admonished with some vehemence the porters taking him into the anaesthetic room when they caught his elbow on the door, and had an intelligent and energetic conversation with the anaesthetist. 1 Gm. Pentothal was given, and he was taken into the theatre unconscious but breathing quickly and deeply. Cyclopropane was administered, and a nasal tube was passed on the second attempt, after he had taken enough of the gas to make for respiratory failure in the normal person. He was maintained on Cyclo. 200 cc./min.-Oxygen 300 cc./min., his respirations remaining steady but relatively deep throughout. He was kept at the same gas flow until he was lifted on to the trolley, and woke peacefully half-an-hour later in the ward. He was given 2½ oz. Brandy

at 4 p.m., and slept soundly till 8 p.m., when he was given Omnopon gr. 2/3, after which he spent a quiet night. The next day he gave little trouble.

All his post-ops, since his readmission in February, 1943, have been good from the strictly anaesthetic point of view, and there has been no recurrence of his post-operative vomiting. He now states that he does not feel at all ill after anaesthesia, and it may be his "operative morale" is being improved by the use of Cyclopropane.

#### CONCLUSIONS

The patient is a man showing an unusual resistance to anaesthetics and hypnotics, for which the following causes may be found in his history:

1. *Mental Condition.* Fear—secondary to: withdrawal of Morphine after habit formation; number of operations he has undergone; pain; previous bad post-ops.

2. *Previous Anaesthetics.* Sixteen in the last 3½ years. Although repeated administration of the Barbiturates is stated usually to create a sensitivity to the drugs, the reverse seems to have occurred in this case.

3. *Alcohol.* A fairly heavy spirit drinker.

4. *Age.* The patient is a young man.

5. *General Fitness.* His poor general state may have accounted for the ease of his earlier anaesthetics.

6. *Drugs.* His Morphine (and hypnotic) addiction *per se* probably contributed to his subsequent tolerance to anaesthetic agents.

My thanks are due to Mr. R. M. Mowlem for his permission to publish the case, and to Mr. Woodfield Davies and Mr. M. P. Sherwood for their help in its presentation.

### THREE FETAL ABNORMALITIES

By R. J. HARRISON and M. B. McILROY

The following three cases were seen during a month's Midwifery clerking at Oster House, St. Albans, in June, 1943.

#### Case I.—Umbilical Fistula.

Mrs. C., aged 27, housewife. *Obstetrical history.* 1938 Normal female child, alive, 7¼ lb.; labour normal. Last period September 30th, 1942. Due July 7th, 1943. First seen at antenatal clinic May 13th, 1943; B.P. 120/68. Urine; no albumin. L.O.A., F.H.H. Seen weekly until admission at 8 p.m. on June 7th in labour. Pains good, membranes ruptured

8.40 p.m., liquor coloured bright yellow, delivered of a female child at 8.50 p.m., third stage 40 mins., placenta and membranes complete. *Baby.* Female, weight 3 lb. 8 oz., premature, cried lustily. The anterior abdominal wall was not closed at the umbilicus. Through a hole half an inch in diameter there protruded the stomach and several coils of the small intestine. The gut was blackened and obviously constricted at the opening in the abdominal wall. There was no sac and the cord could be seen below the intestines passing straight into the abdominal cavity. The baby survived 25 hours during which it vomited bright yellow

fluid.

*Case II.—Hydrops Fœtalis.*

Mrs. S., age 33, housewife. *Obstetrical history.* 1932 Normal female, alive, 8½ lb.; labour normal. 1933 Twins; female, vertex, 7 lb., died 4 hours, jaundiced; female, breech, 6lb., jaundiced, died after 4 days. 1935 Female, stillborn, 36 weeks, surgical induction at Bart.'s, toxæmia. *Family history.* Father d. 80, mother alive, 80. Patient youngest of sixteen children.

Last period October 3rd, 1942. Due July 10th, 1943. First seen at ante-natal clinic March 27th, 1943; œdema of ankles, varicose veins in both legs, dyspnœa, B.P. 120/64; urine, no albumin. Blood urea 28 mg./100 cc. Admitted maternity ward June 2nd, albuminuria, œdema of ankles, B.P. 140/90. On June 7th in the morning complained of pain in the back, frequency and pain on micturition. In the afternoon labour pains started. At 5 p.m. vaginal examination showed cervix almost completely dilated. Membranes ruptured 5.50 p.m. Liquor coloured bright yellow. Delivered of a female child 6.20 p.m. Persistent occipito-posterior, spontaneous face to pubes delivery. Third stage 10 mins. Placenta large, soft, friable, œdematous. Loss normal at delivery, during night patient complained of pain in the right side, lost freely, ergometrine 0.5 mg. intramuscularly. On the second day the patient's temperature was 99.2°, removed from Maternity Block. Course of sulphapyridine for three days, temperature returned to normal, discharged 14th day. *Baby.* Female, weight 7 lb. 15 oz., abdomen grossly distended, whole body œdematous, did not breathe. Oxygen and 5 per cent. carbon dioxide given with artificial respiration, lobeline hydrochloride 1/40 gr. intramuscularly with no effect. Heart stopped beating after 10 mins. *Autopsy.* Massive subcutaneous

œdema, ascites, muscles white and œdematous. Spleen slightly enlarged, liver grossly enlarged. Bone marrow macroscopically normal. *Investigations.* Mother, blood W.R. negative, Rh—negative. Father, blood Rh—positive.

*Case III.—Mandibular tubercle, macrostomia and other abnormalities.*

Mrs. P., age 30, housewife. *Obstetrical history.* 1935. Operation for menorrhagia, curettage. 1938. Abortion at 2 months. Last period September 15th, 1942. Due June 22nd, 1943. First seen at ante-natal clinic January 28th, complaining of a yellow discharge. Trichomonas vaginitis diagnosed and treated. On June 10th head engaged, R.O.A., F.H.H. Admitted in labour June 17th, 7.30 p.m., good contractions every 10 mins. Delivered of a live female child 3.10 a.m. persistent occipito-posterior, spontaneous face to pubes delivery Third stage 25 mins., placenta and membranes complete. *Baby.* Female, weight 5 lb. 2 oz., very blue. On the right side the mouth showed imperfect fusion of the maxillary and mandibular processes for a distance of 1 cm. 1 cm. lateral to the angle of the mouth on the right side was a pedunculated nodule 5 mm. long. 5 mm. in front of the external auditory meatus on the right side were two similar nodules and on the left there was one nodule in a similar position.\* The right foot showed talipes calcaneo-varus. At the perineum the skin over the perineal body had failed to close, leaving a furrow lined with mucous membrane extending almost to the anus.

We would like to thank Dr. Hope Simpson and Dr. Goglia for permission to publish these cases.

\* See Sir John Bland-Sutton, "Tumours, Innocent and Malignant." 6th Edition, 1917. pp. 531 and 532, Fig. 251.

## THE LIFE AND WORKS OF HENRY BUTLIN WIX PRIZE ESSAY FOR 1943

By DENIS MERRITT

"Nil actum credens, dum quid superesset  
agendum."—*Lucanus: Phars. book II.*

In the early years of this century, a shining green phaeton, its wheels neatly picked out in black, was often to be seen in the neighbourhood of the Old Bailey. Seldom early, and never late, the shopkeepers learnt to watch out for its mettlesome pair of black horses, with their white fetlocks and their arched and shining necks, as they came spanking down from Holborn Circus, turned up to Lesser

Smithfield Place and wheeled smartly under the King Henry Gate of St. Bartholomew's Hospital, just as the clocks of the city churches were striking the double chime of two o'clock. The clatter of hooves as the phaeton bowled round the Hospital square, and the jingle of polished harness as the coachman reined his horses to a standstill, riveted the attention of any students who lounged by the fountain, and brought to

an end the vigil of the small knot of assistants and housemen who waited on the Hospital steps.

From out of the carriage there stepped a slight, elegant figure in a top-hat and frock-coat. He had blue eyes and grey hair, and something about him seemed redolent of horses. He might, in fact, have been the colonel of a cavalry regiment. This was, however, Sir Henry Trentham Butlin, Baronet, Honorary Surgeon to the Hospital, President of the Royal College of Surgeons, President of the British Medical Association, hurrying from a morning spent on satisfying the demands of the rich in his large private practice, to an afternoon in which he would no less efficiently and conscientiously serve the sick of the poor.

Henry Trentham Butlin was the fourth son of the Reverend William Wright Butlin, Vicar of Penponds in Cornwall, and Julia, his wife. He was born at Camborne on October 24th, 1845, shortly after his father was given the living at Penponds, and, until he came to the Hospital at the age of nineteen, Butlin had spent his entire life in the seclusion of a Cornish village. When he was fourteen years old his father inherited a country house near to Rugby, and, for a little time, the family looked forward to exciting prospects of a fresh life in a different part of the country. Young Henry was particularly elated, for one of the reasons for this move was to enable him to attend at Rugby School. In the end, however, all these plans came to nothing. Mr. Butlin had originally taken his family to Cornwall as the doctors had recommended its climate as one suitable to his wife's delicate state of health, and now it was regretfully decided that she was still not strong enough to stand the rigours of winter in the Midlands.

Young Butlin's disappointment was intense. For the rest of his life he regretted that he had not been a Rugbeian, and later on, at the height of his success, he associated himself with the school by becoming one of its Governors. Instead of Rugby, he and his brothers were educated at home by a tutor. With the exception of his family, contact with other young men was a rarity, and in later years he used to confess that in his early days at the Hospital it required a conscious effort of will to fraternise easily and naturally with his fellow-students.

In 1864, at the age of nineteen, he came to London and joined the Medical College of St. Bartholomew's Hospital. At that time there were facilities for a certain number of the students to live in the Hospital and he therefore became resident. The change from Pen-

ponds to London, and from a solitary to a communal life, could not help but act as a hindrance to his early medical years. With much of his energies spent in reorientating himself in his new surroundings, it is not surprising that the student days of a man who subsequently proved himself to be brilliant were uneventful and unmarked by any outstanding academic success. He took his M.R.C.S. (Eng.) in 1867, his L.R.C.P. (London) in 1868, and, there being no immediate vacancy on the hospital House List, he left Bart.'s with the reputation of being a conscientious man who was capable, but by no means brilliant, at his work.

It seems very probable that Butlin himself may have shared this opinion, because he left the hospital with the avowed intention of going into general practice, and by 1870 he was to be found practising at Charing in Kent.

Certain great men start in their childhood with definite and fixed ambitions. Their interests crystalize out early, and from the start they are specialists. In Butlin's case this was not so. His early medical career was essentially one of trial and error. After six months in the country, he realised that general practice held few attractions for him and, having secured a position as House Surgeon at the Hospital, he returned to London.

The importance of this change upon his whole life was immense. His chief was Mr. (later Sir James) Paget, and his association with the great man was virtually the foundation upon which his future was built. He was profoundly impressed, not only by Paget's magnificent ability both as a surgeon and as a clinical observer, but also by the essential honesty and greatness of his nature. For the rest of Butlin's life he kept his old chief's standards as an ideal, and he was never known to refer to him without adding some tribute to his many excellencies. Although Paget had influenced him so profoundly, the young man was still slightly uncertain in which direction to pour his energies, and on the termination of his house appointment in 1872, he applied for and obtained the post, not of surgical, but of medical Registrar to the Hospital for Sick Children, in Great Ormond Street. It is possible, of course, that this step may have been taken, not through any vagueness of interest, but because no surgical appointment may have then been vacant.

In the following year, however, his interests had definitely turned to surgical methods. By 1873, he obtained his F.R.C.S., had won the Jacksonian Prize Essay, with a paper on "Un-united Fractures," and was appointed Assistant

Surgeon to the West London Hospital and Surgeon to the Hospital for Hip Disease. He resigned his position at Great Ormond Street to become Surgical Registrar at Bart's.

At this time the post was a comparatively fresh innovation in the Hospital and Butlin's predecessors not having perceived the full scope of the office, had concentrated on the clerical side of their duties. This state of affairs he speedily remedied, and it was at once apparent that his morbid anatomical investigations of the Hospital post-mortem cases were both accurate and original.

It was at this period that he came under the second great influence to have a lasting effect upon his life. At Great Ormond Street he had met, and fallen in love with the lady who, in the following year, became his wife. How great was her encouragement and help, can be exemplified by a story told by the late Bruce Clarke, one of his hospital contemporaries. It was at the time when Butlin had a house in Queen Anne Street and Clarke lived almost opposite. On one occasion he was asked in to examine some microscopic sections taken from a case they had been discussing. Afterwards he would often recall his astonishment at the many thousands of slides the room contained, and at Mrs. Butlin's amazing knowledge, not only of where each slide should be, but of its microscopic structure and pathological significance.

In the many eulogistic notices which appeared at his death, it was generally suggested that Sir Henry's success was not the result of any pre-conceived ambition. He was cited as an example of a man who, by concentrating on the efficient execution of each immediate task, rose from strength to strength, and, as it were, fortuitously achieved high honours. The truth of this was only partial. His conscience would not permit him to do any work badly, but by the time he married his ambition was crystallized, and each step he took was purposeful and deliberate. He intended to become a leading surgeon on the Hospital staff, and to achieve this end both he and his wife were willing to make any sacrifice. Firstly, it was essential that he should not leave the Hospital. Because he had no private money and his income was small, he was forced to supplement his salary by boarding four of the students in his own house.

In the second place, in order to occupy the high position at which he aimed, it was important that he should become a fluent public speaker. Here, as in many other things, he had before him the example of Sir James Paget. Oratory is, for the majority, an ordeal, and Butlin was by no means a loquacious man.

Towards the end of his life, he gave an address to the Abernethian Society on public speaking. In it, he described the steps he had taken in order to become proficient in this field. His vocabulary, he said, he found inadequate, and to improve it, he would memorize whole pages from the works of great writers and orators. To quote his own words, "I used to stand in an empty room before a glass, reciting passages from Milton, or describing, as clearly as I could, some incident that I had witnessed; or I would lecture on some subject about which I had recently read. At first, I must confess, I would find myself humming and hawing, and losing the thread of my discourse . . . But as time went on, I began to speak with greater fluency, and less and less did I have recourse to any notes I had made."

It was a long and arduous business, but, as in all other matters he undertook, in the end he succeeded. When he finally became President of the Royal College of Surgeons, he had the reputation of being one of the most clear and accomplished speakers in the profession. Norman Moore said of him, "In lecturing, he had none of the gestures and fervour of Savory, but had modelled his style on Paget. He stood very quietly, with his hands upon the rostrum, using no notes. His voice was soft but clear, and beautifully modulated. He never appeared to be at a loss for the right word and all his sentences were balanced and admirably lucid."

It has been written of Sir James Paget, "He was a perfect example of a great surgeon who was also a great clinical observer." In Butlin's case, however, the skill of the surgeon was rivalled by that of the pathologist. In 1872, very early in his career, he had been elected a member of the Pathological Society of London, and three years later, when it had become apparent in what direction his interests lay, he was appointed to the Morbid Growths Committee of that Society. His interest in Pathology he continued throughout his life. In 1880, he was made the first Erasmus Wilson Lecturer in Pathology, and held this chair for two years, and by 1896, he had become the President of the Pathological Society. The actual details of his work in this field, however, will be dealt with at a later stage, where their significance in relation to his clinical findings will become more apparent.

To return to Butlin's career as a surgeon, in 1880 he was appointed Demonstrator of Surgery at St. Bartholomew's, and in the following year became an Assistant Surgeon. From 1880 to 1892, he was in charge of the Out-Patients' Throat Department, a position in which he succeeded Sir Lauder Brunton. At the

end of that time, on the retirement of Mr. Marrant Baker, he was appointed Full Surgeon to the Hospital, and five years later, in 1897, became Lecturer in Surgery to the Hospital Medical College. In 1902, he retired from this post, to become Honorary Consulting Surgeon and Governor to the Hospital. He made his name on operative surgery of the tongue and larynx, and, as was only to be expected, in this field it was the removal of the malignant growths that chiefly claimed his attention. Upon this subject he contributed many papers to medical journals, as well as publishing "Diseases of the Tongue" (1885), "Malignant Diseases of the Larynx" (1887), "Operative Surgery of Malignant Diseases" (1887), and "Sarcoma and Carcinoma" (1882).

His surgical technique was excellent, and his knowledge of anatomy extensive. He used strongly to oppose the then prevalent technique of total removal of the tongue in cases of lingual carcinoma, but he stressed the importance of removing all lymphoid tissue which drained the area affected. He it was who pointed out the constancy of lymph drainage from certain portions of the tongue to particular areas of lymphoid tissue, and the name, "Butlin's Gland," still stands as a memorial to his findings.

Until shortly after the first World War, his block dissection of the neck, in cases of carcinoma of the tongue, was the standard operative technique, and it has only fallen into disuse since the more modern treatment of the condition by X-ray therapy has become prevalent.

In the pathological field, Sir Henry was indefatigable. At the time of his entry into the profession, the Humoral Theory of Cancer still flourished, and was supported by Sir James Paget and many others. He himself, however, was far from satisfied by this theory, and, when Virchow's doctrine of "omnis cellula e cellula" became more widely known, he supported it vigorously. Throughout his life he attempted to correlate the pathological and clinical pictures of every case he dealt with. As the result of a life-long study of the subject, the Hunterian Lectures to the Royal College of Surgeons (under the title "Uni-cellular Cancra"), which he had read for him only a few months before his death, embodied extremely revolutionary views on the subject. In these lectures, he maintained that many phenomena of malignant disease otherwise inexplicable, could be accounted for if it were assumed that the cancer cell was an independent protozoal entity, which, prior to its inexplicable proliferation, had existed in the body in a passive, or even a

sympiotic condition. These papers were read in 1911, and since that date a great deal of experimental work on the subject has been brought forward. At the present moment, it seems improbable, but not impossible, that Sir Henry's hypothesis is correct, but until the mystery of cancer has been finally solved, it is impossible to assess the value of his final conclusion.

He lived in an age when scientific knowledge was rising from strength to strength. Anaesthesia dates from his birth, and antiseptics from his boyhood. Each week brought some fresh discovery, many of them minor and long since forgot, but some of lasting value. He was too good a scientist to disbelieve any theory which had not actually been proved wrong, and when Dr. Coley began to treat cancer with erysipelas toxins, he was the first of the leading medical men of the country to give it a trial, and his reports on that treatment appeared in the *Clinical Journal of London* of 1895.

That the bulk of medical opinion should censure a certain treatment, meant little or nothing to him, and in an article upon the value of Spiritual healing in certain cases, which appeared in the *British Medical Journal* (1909), he wrote, "I would ask whether it is not possible that a power of resistance may, in many thousands of cases, be acquired under the influence of a mental condition, such as strong faith."

Apart from the Hospital and its Medical College, other professional bodies claimed Sir Henry's services. He took much interest in the reconstructed University of London, and was its first Dean of the Medical Faculty. At that time, there was a strong faction which advocated that the entire University be transferred to South Kensington, and Butlin was one of the chief supporters of this scheme. The Chancellor of the University, a member of King's College, equally fiercely opposed the move. Feeling ran rather high upon the subject, and several of Butlin's letters which appeared in "The Times" misled some readers into thinking that he held a low opinion of the Chancellor's ability. This was far from being the case, and a most generous appreciation of his opponent's talents soon emanated from his pen.

The British Medical Association was yet another field for his inexhaustible energies. He held successively the posts of Councillor, Treasurer and President. In the latter capacity, he presided over the annual meeting held in London in 1910.

As he approached the end of his life, more and more honours were heaped upon him. In

1909, he was elected President of the Royal College of Surgeons, and shortly afterwards, the University of Durham conferred upon him the honorary degree of D.C.L., and the University of Birmingham that of LL.D. His crowning laurel was to be created a Baronet in the Coronation Honours List of 1911. On the 24th January, 1912, he died of tuberculosis of the larynx.

As with many other busy and successful men, it seems almost impossible that he should have managed to have risen to the top of his profession and yet at the same time have developed his many other interests and accomplishments. He was a competent linguist, fluent in French, Spanish and Italian. These languages he taught himself, chiefly in the mornings when he was shaving. He was also an able pianist, and enjoyed playing Mendelssohn and Beethoven. He did this partly because he was fond of music, and partly because he found it an excellent way of keeping his fingers supple.

Although he spent many an afternoon at Lord's or the Oval, and was one of the pioneers of lawn tennis on hard courts, it was in the stable that his heart really lay. It was, in fact, this early love of a good horse which had led him into medicine. In his boyhood days in Cornwall, his attention had been quickened by the blood-stock owned by the local doctor. Child-like, he decided then and there that doctors owned good horses, and therefore a doctor he became.

When one looks back on Sir Henry's busy, successful career, upon his indefatigable capacity for work, his keen scientific brain and his lucid, every-ready pen, it seems almost inexplicable that to-day, just over thirty years after his death, his name is seldom heard, even amongst the medical profession. The explanation, however, is not difficult to find. It was not that his work lacked importance, nor his teachings accuracy. Had science not progressed so fast, they might have stood for centuries, and his name become indissolubly allied to the technique of malignant surgery. This was not to be; the artificial production of malignant disease almost coincident with his death, cast doubts upon his theory of unicellular cancer, and the introduction of X-ray therapy in the early twenties superseded his surgical

technique too soon for his name to become established. Humanity gained at the expense of his fame, but we know he would be glad of this, for, above all men, he learnt the hollowness of worldly honours. He who had been appointed as the Hospital Lecturer in Surgery when he had no time to spare for lecturing, whose practice had waxed as his strength had waned, and whose crowning honours had come only when sickness robbed them of their savour, who better than he to know "the prize is nothing, the pursuit is all"? And although his name may never rank with some of those heroic and spectacular figures of the medical profession who are long dead, he leaves as fine a reputation as any man can gain—that of an honest, truthful gentleman, who spent his strength, his health, and his life in working for the furtherance of medical science.

\* \* \* \*

#### ACKNOWLEDGMENTS

For some of the details of Sir Henry's private life, I am greatly indebted to the courtesy of his daughter, Mrs. Percy Furnival, and of Sir Humphrey Rolleston, F.R.C.P.

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## HOSPITALS AND NEGLIGENCE

By STUART JOHNSTONE

Suppose a hospital sister were to give, by mistake, a dose of lysol to a patient in her ward, instead of Hst. Gent cum Rheo, what would be the result? The most obvious sequel is that the patient would suffer injury and this injury would be the result of negligent treatment. Assuming the failure of all attempts to persuade her that she had been receiving the best and most up-to-date treatment, she might, when able to talk again, decide to consult her solicitor.

Now her solicitor would have no difficulty in advising her that an action against the sister would succeed. Let us pretend, however, that he discovered in this sister a passion for backing horses. This might lead him to doubt her ability to pay the amount of damages likely to be awarded, and force him to consider the question of suing the Hospital.

Here, at once, he would find himself deep in a maze of legal argument. Is, or is not, a hospital liable for the negligence of a member of its nursing staff?

First of all it may be stated in general that an employer is liable to the person injured for the negligent acts of his employees. It is only in the case of what the law calls "Independent Contractors" that a person (or a corporation) is not liable for the negligent acts of someone whom he employs to do work for him. An independent contractor is one who undertakes to produce a certain result, but who, during the execution of the work, is not under the orders or control of the person for whom he is doing it. A builder, for instance, contracts to build a house of a certain design in a given time, and for a given price. Whether he works on Sundays, or underpays his men, or employs union labour, only concerns himself. He is an independent contractor. A chauffeur, on the other hand, is a "servant." His employer can tell him not only to fetch the meat from the butcher, but by which route to go, and not to drive more than 10 miles an hour. A private secretary, and a business manager earning £1,000 a year, are both "servants" in this sense.

Now most people would think that a nurse came in this second class. She is hardly acting on her own initiative in giving treatment. Yet, in regard to her nursing duties the law has, until 1942 at any rate, appeared to give her the status of an independent contractor. She has been put on the same level as members of the

visiting staff. In other words, the hospital would have been no more liable for the negligence of the nurse who burnt a patient with a hot-water bottle, than they would if a surgical chief had left a kidney dish in someone's belly. For some reason, however, a hospital has always been liable for a nurse's negligence in carrying out her administrative duties, such as serving meals. For this purpose she was a servant.

It may seem odd that a hospital should be responsible for negligent cooking, but not for negligent treatment. It does, after all, exist primarily for treating, and not for supplying food. The reason is undoubtedly that the courts have used their ingenuity to save public and charitable funds from too many inroads. Oddly enough, the case which founded this anomalous position was one involving St. Bartholomew's. In it a man named Hillyer sued the hospital for injury to his arm, which occurred during an operation owing to his being placed badly on the operating table. Only negligence of the surgeon was established, for which, as has been said, a hospital is not liable. But the judges went on to discuss the position where a nurse is negligent, and their views were followed in later cases, although strictly Hillyer's case was not an authority on the point as, on the facts, negligence of a nurse did not arise. As lawyers say, the dicta were obiter.

This law soon gave rise to difficulties. In a case where a nurse was injured while nursing, and claimed compensation under the Workman's Compensation Acts, she was held to be a servant, and so able to succeed in her action. To hold otherwise would have been grossly unfair, but the decision was inconsistent with earlier cases. The whole law, however, came under review in a case last year which went to the Court of Appeal (*Gold v. Essex County Council*). Here a radiographer, who was qualified as such, but was not a qualified medical practitioner, and who was working under the general instructions of a qualified medical practitioner, applied Grenz rays to a child's face in order to remove warts, and used inadequate screening (lint) to protect the surrounding tissues. The result was severe burning and permanent scarring. The Court of Appeal held that the radiographer was a servant of the hospital, which was therefore liable for his negligence, and awarded £300 damages and

costs. The Court made it clear that if a radiographer was a servant, so also was a nurse. It left undecided whether housemen are or not.

Thus, as matters stand now, there seems little doubt that a hospital is responsible for the negligence of all its staff, whether working in a professional or an administrative capacity, except the visiting staff, including chief assistants and others working on a comparable basis, and possibly housemen.

## SIMPLIFIED SPEECH

We still hear an occasional heart-cry for the simplification of medical terminology. It is claimed that things have become so chaotic that anyone without three years of medical study to his credit can't understand what we're talking about.

All the better. Before very long we shall have evolved a separate dialect of our own, in which we shall be able to converse together to our hearts' content. Just to show the possibilities of it, we offer you the following drama, translated from the original English:

### THE ETERNAL TRIANGLE

(by A. Scarpa et alia)

#### CHARACTERS:

Lord Osis, The Husband.

Tænia, The Wife.

Frank Pus, The Other Man.

SCENE: The drawing-room in Lord Osis' mansion. Night. TÆNIA is discovered sitting alone by the fire, suturing socks. Over the fireplace is a plaque bearing the old familial crest. She wears over her methylene blue dress a pretty little omentum.

Enter FRANK PUS.

FRANK. Darling!

TÆNIA (with exophthalmos). Darling! After all these years! My chronic love—acute once more! I thought you were still imprisoned.

FRANK. My confinement ended this morning. Darling—we have reached the crisis. Metastasis to France with me, stat.!

(There is a little heavy cervicaling.)

TÆNIA. No, no, let me cerebrate! My husband is due back to-night from a fishing trip to the Isle of Man. In fact, he will be recurrent at any moment. You know how he hates ectopics—and he can become very toxic! If he finds you here there'll be marked clubbing!

FRANK. Yes, I admit he is pretty virulent. But when I look into your stellate eyes in the semilunar light, I become euphoric.

In conclusion, one other point may be mentioned. In general, if, say, a nurse carries out correctly the instructions of a member of the visiting staff, but such action amounts to negligence, the negligence is that of the member of the staff, and not her's. This would be so except, perhaps, where the member of the staff has made an obvious slip which the nurse ought to recognise, such as prescribing 8 grains of Morphine Hydrochloride instead of  $\frac{1}{8}$ . Here both would be negligent.

(TÆNIA fetches a flask and beakers.)

TÆNIA. Fluids plus plus?

FRANK. Thank you—that's the optimum concentration. Nasal abrasions!

(The vessel-walls clink together.) They deglutate.)

TÆNIA. Darling!

FRANK. Darling!

(There is sudden stasis of taxi outside the house.)

TÆNIA. My husband! I must screen you quick—behind the one by the fireplace, under that fornix. You must not be manifest when he arrives!

(Resection of door, revealing LORD OSIS in the aperture. He trypsin.)

TÆNIA. Darling!

LORD O. Darling!

(Embrace.)

LORD O. But, darling, you look febrile—you're not pathological, are you?

TÆNIA. No, no, dear, I'm only in the excitement stage. Your absence was a continual diaphoretic. Now—what is the presentation? Not another handbag?

LORD O. No, I've brought you a pouch, of Douglas.

TÆNIA. Just what I wanted! Did you have a stable decussation?

LORD O. Yes, but my case was hyperdistended and my pyjamas herniated on to the deck. A very bad case, you see. What's that! (He vasoconstricts.) I can see a massive opacity on that screen! There is a foreign body in the house!

TÆNIA. No, no, dear—!

LORD O. I am going to perform an exploration of that corner! (He exerts forcible traction on the screen, demonstrating FRANK PUS.) You! You purulent focus! How long have you been extracellular?

FRANK. I was discharged this morning.

LORD O. What—what—are you doing here?

(He fulminates.)  
 FRANK. As a matter of fact, I was just sloughing off when you came.  
 LORD O. You have tried to stain my wife! You have let the cover slip off your intentions! I'll fix you! Turning my house into a diverticulum!  
 TÆNIA. No, No!  
 LORD O. Out of my way, woman! I wish to manipulate this serpiginous organism! I am going to inflict multiple traumata!  
 TÆNIA. Don't you dare palpate him! Percuss me first!—Won't you auscultate me?  
 LORD O. What! Do you not wish me to eviscerate him?  
 TÆNIA. It would make an awful mess for the maid to phagocytose in the morning. Besides, I feel sorry for him.  
 LORD O. You always had an over-active sympathetic. I am going to make a threshold-substance of him, at any rate!  
 TÆNIA. Stop, stop! I must confess—(She has ptosis)—I—I am Frankophilic!  
 LORD O. So! I am profoundly shocked! (He is ankylosed.) Now I see all. I have noticed a malignant change in you lately. There has been a shifting dullness about you. But, then, you always fluctuated.  
 TÆNIA. Please, please—  
 LORD O. This man has obviously infiltrated your heart. After having lain dormant for years, the phanerosis has just occurred.  
 TÆNIA (lachrimally). It is not as bad as the naked-eye appearances.  
 LORD O. (to Frank). You have been contracting my wife?

FRANK. Don't be so thalamic! Our conjoint love is more of a fellowship than anything.  
 LORD O. That's merely a matter of degree. And it doesn't give you any license. Saturated as I am with grief, I can see no solution. You have precipitated a nasty situation! (He speaks with acidity.) I am going massively to necrose you both!  
 TÆNIA and FRANK. No, no, not that!  
 (LORD O. draws a wicked-looking scalpel from its lamella.)  
 LORD O. I shall incise each of you, and then perform extensive venesection on myself!  
 (Suddenly there are coarse râles of the front door handle.)  
 VOICE OFF. Doorotomy! In the name of the law!  
 FRANK. Ha, ha! Too late! I am standing in front of the telephone, and I have phoned to the police. You see they have already sent along a *pes planum*! Your plasma be upon your own cranium!  
 (LORD O. rotates. Heavy percussion of door.)  
 LORD O. He'll not get in! This house has the strongest portal system in the county!  
 (In the latent period FRANK PUS has withdrawn a gun from his trousers' infundibulum.)  
 FRANK. This is what Darwin meant!  
 (He shoots LORD OSIS. Mobilizes TÆNIA. There is massive collapse of door, but they have already left by the fenestrations, and made good their escape by means of TÆNIA's cycle.)

*Ætiology:* ALAN TOIS.

## CONVERSATION PIECE

Whilst I have no desire to be thought a man who only delights in the grosser pleasures of life, yet I must truly confess I have always liked my lunch; indeed, the very anticipation of the meal has often distracted my attention in the closing stages of the twelve o'clock lecture to such an extent that I have been wrongfully accused of "sleeping," whereas "day-dreaming" would have been a more accurate diagnosis.

I was therefore more than a little annoyed to discover that I had gone off my food quite recently; indeed, the very thought of lunch-time produced waves of nausea and a feeling of repulsion within me, for which I was quite unable to account. A retrospective view of my actions during the past few weeks shed but

little light on the subject:—Friern was still very much the same, and after I had overcome the initial shock of the place, I had been able to lunch there for many months with great satisfaction. At Bart's, too, I had been able to further my researches in gastronomy<sup>1</sup> in pleasant subterranean<sup>1</sup> surroundings over a period of several years, so clearly it was not the location that was the cause of the defect.

I next turned my thoughts to the proximity of the exams. but soon ruled this out, for whilst on previous occasions the sense of impending doom had perhaps caused slight anorexia, it had never prevented me from thoroughly enjoying my noontide repast. I was about to search further afield for the cause when it suddenly became only too apparent.

The exams, were indirectly the cause; and how I heartily cursed them. At last I have realised that the one depressing factor about my lunch-time is the conversation being carried on around me:—"I know I won't get Midder, I just don't know a thing," says a voice to my left. "You couldn't know less about it than I do about Medicine, I'm bound to go down." On glancing over my shoulder I recognise two pseudo-erudite gentlemen, both of whom really regard their chances of failure as remote in the extreme.

"But what if the Ochsner-Sherren<sup>2</sup> method fails." "I should put on forks and bring down a leg." "10 minims t.d.s. or is it grains." "Of course there are only eight differential diagnoses." "I well remember a case of mine

at Hill End."—and so it goes on, shop, shop, nothing but shop till the walls seem to swim before my eyes and I am forced to flee from the table, my meal forgotten, my enjoyment shattered.

Should this article catch the eye of one of those guilty of this crime of "shop-talking" at lunch, I would like to draw his attention to some modern poetry recently propagated<sup>1</sup> by a vehicle of the L.P.T.B.

"Kindly guard your conversation  
You're driving me to desperation."

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TUM-TUM.

## RETROGRADE AMNESIA

I remember how intensely I disliked my nurse, she used to get soap in my eyes when she washed me, and was always brushing my teeth and combing my hair so that it hurt. She had rather pink cheeks and very fair hair, like the colour of the bread and butter which she persistently tried to make me eat. I remember clearly that we were out for a walk one day and she was very cross. "Master Robin," she said, "you're more trouble than all the other children put together, if you don't sit still you'll fall out of your pram." I remember no more. When I came to myself I was in bed in a darkened room. A soft voice said—"Ah, now at last you are beginning to come

round." I opened one eye. A lovely blonde was bending over me. I opened the other eye and her blue eyes gazed sympathetically into mine, her cool hand soothed my brow. "What does it all mean?" I said. Her ripe red lips spoke gently. "Don't try to talk yet," she replied, "but I'll tell you this much, Colonel; you were driving to a conference with the G.O.C. when you had a collision and were thrown out of your car and of course the shock to your brain has caused you to forget." Really this all seems to me very strange, and I simply cannot understand how it is that I have so changed my view about blonde nurses.

E. A. C.

To all our readers we wish a very happy Christmas, and a successful and prosperous New Year (knowing that the January issue of the JOURNAL will most certainly not be published within several days of New Year's Day!) Contributions for the January issue should reach the JOURNAL office (in the Pathology Block) by Monday, December 13th.—Ed.

## CORRESPONDENCE

October 20th, 1943.

To the Editor, St. Bartholomew's Hospital Journal  
Sir,

Whilst agreeing with "B.C.W." most heartily as to the three main fields in which this country may help China, I think he fails altogether in giving a

fair picture of what China has already accomplished in the way of modern medicine.

From his paper one would hardly grasp that a Chinese Medical Association with several thousand members was in existence fifteen years ago; that a National Health Administration in the government

at Nanking was, before the war, a powerful influence throughout the whole country; and, during the war, has had Commissions on Malaria and Goitre in Yunnan, with special reference to conditions on the Burma road; and is instituting preventive measures for both these diseases; that a modern maternity service with National Schools of Midwifery was functioning long before the war; that a Chinese pharmacopoeia had been published; that prior to the war medical schools such as those at Peiping, Shanghai and Chengtu were in a flourishing condition; and that the questions of plague, tuberculosis and other scourges were not forgotten. Has he never heard of the National Epidemic Prevention Bureau, formerly of Peiping, noted twenty-five years ago for its excellent supplies of biological products, vaccines and sera, which is at the present time re-established in free China?

His pictures of the Boxer rising, the question of extra-territoriality which was forced on us, rather than forced on them and which functioned more in Chinese cities which we had built rather than in purely Chinese ones, are one-sided. He hints that we deliberately closed the Burma road without any consideration of their position. This is a travesty of the facts of the case. With all our faults and mistakes, and in the past these have been many, the writer deliberately ignores the facts that Medical Missionary work in China is over a hundred years old; and that the Chinese Medical Association so fully recognised its value that it arranged for a "Council on Medical Missions" to be continued as an integral part of the National Association, realising that it was the foundation on which the marvellous developments of modern medicine in that land were laid. And I protest that if our help to China "does not necessarily involve any degree of sacrifice on our part" it will be a poor thing.

I am,

Yours faithfully,

J. PRESTON MAXWELL.

White Lodge Emergency Hospital,  
Newmarket.

September 30th, 1943.

To the Editor, *St. Bartholomew's Hospital Journal*  
Sir,

Far be it from me to condemn change, or to seem to lend encouragement to an already far-too-rigid division of life and thought into cast-iron compartments. It is in the no-man's land between one special knowledge and another that the most constructive work can often be accomplished.

Medicine and religion have much in common, and I am ready to agree that the dichotomy in the past has been too complete. But the September issue of the Journal contains an editorial, an article and two letters, no less, whose theme is almost exclusively theological, and other recent issues have shown the same tendency. Thus what might have been a feast becomes a surfeit.

To me, at least, this increasing trend of the Hospital Journal towards the outlook of the parish magazine seems a pity and a mistake.

I am, Sir,

Yours faithfully,

E. MILES ATKINSON, M.D., F.R.C.S. (Eng.).

123, East 61st Street,  
New York, 21.

[We admit that this almost universal criticism is entirely justified. Unfortunately when the editorial of the September issue was written, it was not known that such a disproportionate amount of material would be on religious matters. As there were no alterations that could be made at the last minute, the JOURNAL had to appear as it was. We do, however, apologise for what has justly been called a surfeit of articles in such a very short space of time, on a subject that needs tactful handling at the best of times. Let it remain to be said that the Editor's enthusiasm overstepped its mark.—Ed.]

August 25th, 1943.

To the Editor, *St. Bartholomew's Hospital Journal*  
Dear Sir,

The Journal follows me round with the faithfulness of a bloodhound, and in my gratitude I wrote off the enclosed notes on the lighter side of nursing in the Middle East:—

Tent life has much to be said for it, but cold showers take some manœuvring, and all privacy goes to the wind. At our hospital we learned how to nurse surgical cases with one primus stove to heat water for all purposes. Bed making was easy as beds only have a top sheet and mosquito net. Up patients did the majority of fetching and carrying and taking messages in the absence of telephones.

Convoy admissions, often at night, were like towers of Babel, because more of our unheard-of Allies seemed to fall sick than our own countrymen. On one occasion Sister received six men, but only four admission cards. The orderly saw them all into bed. The M.O. examined them all next day. The office searched for the missing papers till after about three days a relief sister suggested two might be guards, which proved to be correct. As the patient was in bed, they guarded him from their respective beds, and as they spoke some incomprehensible language all went well for a few days.

On another occasion a P.U.O. was causing considerable consternation under suspect of typhus, due to come weird spots on his back. He spoke Greek in a very husky voice, and not until a Greek M.O. was consulted were the spots diagnosed as cupping!—very common treatment among continental races.

For our recreation, we swim in canals and well-chlorinated baths of all descriptions, sometimes at exclusive clubs.

We ride camels, donkeys and odd horses. Tennis is played on hard sand courts. Golf is available for those stationed near the towns. Out-of-door cinemas are delightfully cool, at one in an Indian Camp chairs were provided for us, but the audience proper sat on its haunches.

Dancing in Nissen huts, mess tents, on concrete floors, and even tarpaulin laid over aeroplane cases is always popular.

Modes of transport vary according to one's station, those of us in remote places have acquired the art of hitch hiking, which is to board a very high lorry by the wheel and drop in over the side. Lifts have been gratefully accepted from Generals in staff cars, contractors with vegetable carts, and authority even smiled on a hearse rather than returning after midnight.

Yours faithfully,

(Sister) D. E. HEALD, Q.A.I.M.N.S.R.

63 General Hospital,  
M.E.F.

## WELFARE WORKERS' DEPARTMENT

Football boots and kit urgently wanted for East End Boys' Club. These will be gratefully

received by the Welfare Workers' Office, C.C.S., St. Bartholomew's Hospital.

## BOOK REVIEW

CUNNINGHAM'S TEXTBOOK OF ANATOMY. Eighth edition. Edited by J. C. Brash and E. B. Jamieson. (Humphrey Milford, Oxford University Press, price 60s. net.)

A new edition of Cunningham was long overdue, the last (seventh) being in 1937. The text and illustrations have been thoroughly revised. Revision of the various sections has been undertaken by several new contributors, amongst whom may be mentioned Professor W. E. Le Gros Clark, who has made extensive alterations in the section on the Central Nervous System. Professor J. C. B. Grant, of Toronto University, has revised the section on the

Digestive System.

There are eighty-seven new illustrations, fifty-six being new, the others improved by alterations, or the addition of colour, with the result that the book is excellently illustrated throughout, an important point so far as the student is concerned.

Forty-two new radiographs have been added, with the result that the book now contains eighty-four X-ray appearances, which gives an admirable idea of the modern tendency towards more practical and applied anatomy. They are well reproduced and greatly enhance the value of the book.

## RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

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## At HILL END

The event most worthy of record during the past month was the Students' Union meeting in the Abernethian Room. Professor Ross presided and deserves our sincere thanks for coming straight from the theatre to do so. Many questions and suggestions were pressed upon the committee and either answered or taken note of. We should like to emphasise two points which seem to be improperly understood.

1. The Students' Union, surprisingly, con-

sists of the students. It follows thence that any inadequacy of its function is the fault of the students. Anyone who wishes this or that to be done is expected to do some of the work himself. If he does no more than collect the names of twenty others of the same opinion and give them to his elected representative on the Council, he will be nearer to achieving his object than by complaining of its absence from the depths of an A.R. sofa.

2. The Hill End Bart's Club is a local

organisation for providing local facilities. All students at Hill End are automatically members and are entitled to take part in activities here and, if they wish, apply for assistance to organise further activities. This does not prevent them from taking advantage of the wider activities of the Union.

It is perhaps stressing the obvious to suggest that all students should know the names and possibly the faces of their representatives, and should question them until satisfied about anything they wish to know..

\* \* \* \*

We congratulate the Moron Trio heartily on their rhythm and personality. They have

brightened the Monday Dances considerably and are very pleasant to dance to.

In spite of the doubts of many, including ourselves, a Christmas Show is being got together. We have been humbled by the keenness and talent displayed at the auditions and wish the greatest success to all taking part.

Hockey and both kinds of Football are now in full swing. Success varies from week to week, but the more important results of enjoyment and exercise are being achieved.

Finally, may we wish you all a very happy Christmas and the fulfilment in 1944 of all you hoped for and did not get this year.

W. K. S.

### At CAMBRIDGE

The other day, your correspondents, arriving at a physiology lecture, were somewhat surprised to find that department a perfect hive of activity, although it was as yet only 10 a.m. It was bathed in an aura of expectancy and candle power, reinforced by what, at first, appeared to be Messrs. Flanagan and Allen, but who subsequently turned out to be producer and director, or vice versa. In short, Bart's was to be filmed. Our resident rumour-mongers told us that the result was to be used as propaganda; we did not know for what. To do justice to the occasion, a number of women were imported to the lecture, and having suitably greeted them, Prof. H——e gained our admiration by commencing an animated discourse on the spleen as if he had been used to this sort of thing all his life. Such was our vanity that we re-appeared after lunch "to help," as one of the senior demonstrators so aptly put it, "grind out a few more yards." Many a Douglas bag was inflated until we went home convinced that Mr. F. H——s must have learnt his directing technique in no less a place than Hollywood.

The Hospital rugby match against Cambridge University was played on November 6th. A large number of enthusiastic preclinicals attended. It must be seldom that the University plays a home match in the teeth of such an actively partisan crowd.

A fencing club has been formed under Dr. Hill's tutelage, and operates in the vicinity of Newnham. A glee party, based on Queen's,

caters for our chorally minded students. Other social affairs include a dance to be held shortly in conjunction with Bedford College.

By the time this reaches print, Christmas will be very near, and the wise ones among us have already started our Christmas shopping, such as it is. We met our Nauseous Nephew to-day and asked him what he had managed to get. "Well," he said, "I've got all the hardy annuals, like cycle-clips for Uncle M——y, handkerchiefs for Uncle Neil, a new cat-skin and ebonite rod for Uncle Leslie, and Uncle Gordon's little parcel. Now I'm trying to get some nice new lantern slides for Uncle Arthur with the carbon atoms in red, hydrogen in purple and oxygen in green." "How fearfully jolly," we murmured, "for those attending 9 o'clock lectures with a hangover." "I'm doing my best," continued the N.N., "to raise a cat for Uncle H——I, but they are very difficult to come by. I'm afraid Uncle Frankie's crown won't be here by Christmas though." "Never mind," we said, "it ought to arrive before the end of the war." He was full of ideas, and there certainly didn't seem anything left for us to get them, so we went to Queen's to pay our rent. A few minutes later we were looking for an alarm clock for Uncle Willie.

Finally, the preclinicals send their Christmas greetings to the rest of the Hospital.

FOUND.—In a recent Biochemistry lecture, two mongrel dogs. Owner please apply to Dr. R——s.

P. J. C. C. and D. K. T.

## SPORTS NEWS

## RUGGER

*v. Middlesex Hospital. Away. October 23rd. Lost 5—14.*

This was a fast open game which Middlesex fully deserved to win. They started off with a rush and nearly scored twice in the first few minutes, eventually they scored an unconverted try followed by a drop goal. Bart's fought back but hadn't the punch necessary to break through the defence.

Bart's nearly retrieved the game early in the second half, Pitman broke through and put Hunt in for a try which Hawkes converted. Unfortunately the Middlesex notched another drop goal.

There was little to choose between the two packs of forwards, both packs being better in the loose than in the tight scrums. Outside we were at a marked disadvantage both in pace and agility.

*Team:* Austin; Davey, Hawkes, Hunt, Jones; Pitman, Stephen; Rimmington, Matthew, Richards, Anderson, Thomson, Jones, Moore, Corbett.

*v. St. Mary's. October 30th. Lost 11—20.*

A large crowd was present to witness this game and, a most encouraging feature, it contained one of our vice-presidents. Certainly the team played better than they have done this season, the most noticeable features being (1) The corner flagging; (2) Improved heeling from tight and loose scrums; (3) Hunt's heroic defence against Kemp.

From the start our forwards gave us at least a 3—2 share of the ball and except for some good touch kicking by Pitman we did very little with it. All the outsiders seem to have forgotten any other attacking move except the kick ahead, this they use regularly and with great inaccuracy. By contrast the Mary's backs ran with the ball and with good purpose only the improved corner flagging saved us on several occasions. After two of these runs we were forced to our line from which we recoiled with some excellent forward rushes in which Richards, Anderson and Jones were prominent. We scored first after about 20 minutes, Pitman endeavoured to drop a goal; the ball rose some 3 feet and struck Kemp smartly in the abdomen and rebounded into Pitman's hands, so rapidly changing the direction of attack. Anderson and Jones were up with Pitman, and Jones scored far out, Hawkes failing to convert. Play was even for the rest of the half.

After half time we again got most of the ball and pressed, but not so strongly as before. Unfortunately everyone decided to take a rest for the middle 10 minutes and during this time Mary's scored 20 points which amply demonstrated what they could do given enough of the ball. However, we staged a fine

recovery, a forward rush and a good run by Jones took us to their 25, Pitman made half an opening and the forwards were there to carry it on, Anderson eventually scoring. Hawkes again failed to convert. From this moment we threw in all our available forces against some very stubborn defence, at last a quick heel found their blind side disorganised and Hunt ran over for Hawkes to convert.—11—20.

It was a pity we rested from our labours for those 10 vital minutes. Once again a little better training would have made all the difference.

*Team:* Gibson; Davey, Hawkes, Hunt, Jones, Pitman, Stephen; Rimmington, Matthew, Richards, Anderson, Thomson, Jones, Moore, Corbett.

*v. Cambridge University. Away. November 6th. Lost 3—13.*

The team bore an unfamiliar appearance owing to reorganisation of the back division. Stephen was away, the versatile Livingstone appearing in his stead. Jukes reappeared in the centre with Jones as partner, his wing position being taken by Hacking.

The game started off at the usual fast 'Varsity pace and we had several useful looking movements, both Hacking and Davey putting in strong runs. Despite these moves the three-quarter line appeared to lack cohesion and there appeared to be large gaps in it—due somewhat to Jones's unfortunate habit of straying back to the wing. Eventually the Varsity broke through the centre and scored. Almost from the kick off they scored again, this time a forward came through the line out a trick they were allowed to perform far too often. We attacked again and a loose movement nearly resulted in Jones and Gibson scoring but the latter kicked over the dead ball line.

Playing against a strong wind in the second half we were mainly on the defensive. However, Pitman and Jones made individually useful runs without managing to make a movement from them. We got less of the ball in this half and when it did arrive it was too slow to be useful. That our opponents did less with the ball was due largely to the admirable way A. Jones caught their half-backs. Despite the vocal efforts of a large crowd of supporters we could not score while the Varsity produced a try and a drop goal.

On the whole our reconstituted three-quarter line hardly justified itself, though Hacking's first appearance was most encouraging.

*Team:* Gibson; Davey, Jukes, Jones, Hacking; Pitman, Livingstone; Rimmington, Matthew, Richards, Anderson, Thomson, Jones, Moore, Corbett.

## HOCKEY

*v. Naval Dockyard, Portsmouth. Saturday, Oct. 23rd. Drawn 1—1.*

Almost the most remarkable feature of this match was that eleven players, one umpire and a supporter all got to Waterloo on a Saturday morning in time to catch a train leaving at 10.45 a.m.—and more or less spontaneously at that. The United Services Club, where the game was played, have one of the best pitches we have played on, and the latter can certainly not be blamed for anything that did, or

did not, happen. We gather our opponents had not played together before—one had last used his hockey stick in Gibraltar, and another flew a hundred miles to perform—but that didn't seem to worry them in the least. Their halves did practically what they liked with the ball, and for the first half we were defending all the time. In fact, the entire first half consisted of a succession of bullies on our twenty-five line. Between these bullies the ball went over the goal, to the left of the goal, to the right of the goal, and underneath the goal. The main

reason it never went into the goal was Ellis, who treated all the opposing forwards with equally undisguised contempt, stopping shot after shot in rapid succession with any convenient part of his anatomy. The remainder of the defence sweated blood, but why Naval Dockyard never scored is a problem somebody else can answer, perhaps. We had one or two attacking efforts, but the opposition had little difficulty in aborting them. However, half-time came and there was still no score.

In the second half, as usual, we brightened up considerably, and play became much more even. Our defence began to get control of the opposing forwards, in spite of an unfortunate mistake whereby one of the latter took McIlroy's eye for the ball and dealt with it accordingly (as McIlroy was not at the time lying on the ball, the interesting point arises of how this was achieved without the whistle going for sticks). We put in several attacks, and after about ten minutes a combined effort by the forwards led to Giles getting a goal. This, naturally, shook the Naval Dockyard considerably, and not long afterwards they equalised. Both sides made frantic efforts to score; Fison was here, there, and everywhere, and Fyfe went on several of his well-known sorties up the left hand touchline; but although Harrison and Andrew almost got through on different occasions, we couldn't quite make the grade. However, our opponents did no better, and the score at full time was still one all.

We must record our appreciation of the very fine tea—and the very fine service which accompanied it—to which we were entertained in the Naval Barracks. It was very pleasant, too, to meet some of our predecessors from Bart.'s, and to note the touching faith reposed in them by the local bar-tenders. In spite of the last train leaving at five past nine, everyone got home safely.

## SOCCKER SEASON 1943-44

This season has seen the rebirth of the Soccer Club after a war-time gestation of two seasons. At the Annual General Meeting, held late in September, it was decided that it would again be possible to field a side and that this should be done, especially as the Inter-Hospital Cup was being competed for, for the first time since the war. At the start of the season enough people expressed a willingness to play to raise only one eleven, but since then more people have come forward and asked for a game, some even being lured from the Rugger pitches where they had retired, we hope only temporarily, in the absence of any soccer. With even the addition of three or four more players we could run two regular elevens and give everyone a regular Saturday game. The secretary will be delighted to hear from anyone who would like to play.

The other pressing need is shirts, and following the lead of the Rugger Club we appeal to anyone having a Hospital shirt he doesn't want to send it to the Hon. Sec., A.F.C., when it will be put to very good use. At the moment we cannot even raise eleven remotely similar ones.

This season J. O. Robinson has been elected captain, and of the five matches so far played we have won three, drawn one, and lost one, a fair enough start to our revival. The period is obviously one of experiment as can be judged from the fact that in these five matches twelve different people have played in the forward line. We have all but succeeded in arranging fixtures as a member of the London University League, which this season is

*v. King's College Hospital, Saturday, October 30th. Won 4—1.*

Ten seconds after the bully-off, Andrew got the ball, took it right through the opposition and deposited it neatly in the appropriate goal. This effort was assisted by the fact that Kings had not yet succeeded in deploying a goalkeeper. However, it was all too good to be true, and for the remainder of first half Bart.'s proceeded to give their usual well-known pale imitation of a hockey team. Ten minutes after the start, King's equalised, and the score stayed at one-all until half-time.

After half-time we began to get moving, and before very long Andrew scored another good goal. Play was mostly in the King's half, and our defence moved hitherto unprecedented distances up the field. There were, however, one or two quite hair-raising moments when King's broke away, but Lucas's persistence and Sugden's accurate kicking kept everything under control. The forwards missed one or two goals through reluctance to follow up first shots—understandable in view of the opposing goalkeeper's desire and ability to make the ball travel very fast about three feet above the ground—but Andrew and Brazier, playing a private game of great subtlety, repeatedly fooled the defence, and eventually Andrew scored again. This put everything more or less in the bag, but there was more to come. A loud whizzing noise announced that Fyfe was on the warpath, and arriving at the King's circle with great rapidity he passed the ball to Andrew, who put it neatly in the goal. Full time went shortly afterwards.

Although the standard of hockey was not particularly high, we played more as a team than on some previous occasions; the weather was perfect for hockey, and altogether this was a most enjoyable game.

divided into two groups of approximately eight clubs each. It comprises the London Hospitals and various other Colleges in the University. At the end of the season the two leading clubs in each group play semi-finals and finals to decide the winner. Of the two matches so far played we have won both, though it must be admitted we have yet to meet any of the stronger clubs.

*St. Bart.'s v. Dulwich Hamlet Reserves. Home. October 2nd, 1943. Lost 2—5.*

In this the first match we lost but did not disgrace ourselves, the score being 2-all ten minutes before the final whistle, when the effects of bad training, our opponents' obvious superiority (all ten of them), and a season's activity on the part of the majority of our team finally told, and Dulwich scored three times before the end.

The first twenty minutes consisted as did most of the game of a battle between our defence and the Dulwich forwards, when J. O. Robinson opened our scoring after a sudden attack by our forwards. Dulwich equalised before half-time to make it 1—1 at the interval. They scored again immediately after the restart with one of our men still in the pavilion, oblivious to the cries of his fellows that he was badly needed on the field. Robinson scored again before Dulwich took charge of the game and kept us defending in our half till the end while they added three more goals.

*St. Bart.'s v. Middlesex Hospital. Home. October 9th, 1943. Drawn 2—2.*

This match showed up what has been obvious so

far this season, that the side tends to relax during the second half on any laurels it may have won in the first. Or maybe it's just been a case of that bad training. Each side started the match with ten men, and by half-time we were two goals ahead, the forward line showing a far higher degree of combination than last week. Our first goal came when our opponents' left back deflected a shot into his own goal, and D. F. Van Zwanenberg added our second. After half-time Middlesex's eleventh man arrived whilst ours failed to materialise. He seemed to inspire them to greater efforts, and they equalised without our replying though we had several opportunities that were missed.

*St. Bart's v. Battersea Polytechnic. Away. October 23rd, 1943. Won 3—1.*

This our first league match was played on a muddy pitch in very doubtful weather after the extraordinary phenomenon of the entire team arriving at least half an hour before the game was due to begin. Somewhat dispirited we kicked off half an hour late as a reward for our punctuality. The first half again showed some weakness in front of goal, but by half-time P. Jordan had scored.

After the restart we added another through B. Green before Battersea became more dangerous and carried on the play, largely in their half at the start of the game, into our half. Their efforts were rewarded by a goal. This spurred us on and soon afterwards Jordan, hustling his way about most effectively, hustled the goalkeeper and scored. The rest of the game found us attacking in a rather desultory manner.

*St. Bart's v. Winchmore Hill Reserves. Home. October 30th, 1943. Won 4—1.*

Winchmore started the game with only nine men, two of whom, L. Cartledge and J. Adams, were on loan from Bart's. Their seven men eventually arrived, though at one stage the Bart's players showed obvious doubts as to whether the secretary really had arranged a game at all, and despite an apparent eagerness among the Soccer players to watch the Rugger the game eventually started only

to find Winchmore almost immediately one goal up. This hurt our pride and we proceeded to score four times in the next quarter of an hour, twice through Peebles and twice through Kelly. At this stage D. L. Griffiths changed sides to give us ten men apiece and to make the job of our forwards considerably harder. Half-time arrived with no further score.

In the second half Winchmore played far more as a team and generally had more of the game, their defence keeping out any sorties made by our forwards. They scored twice before our defence closed their ranks to keep Winchmore out. The end of the game found Bart's attacking but unable to score.

*St. Bart's v. Northampton Engineering College. Away. November 6th, 1943. Won 4—1.*

Anxious moments were many before this match, for ten minutes after the arranged time of starting, only nine of our men had arrived, and we actually kicked off with just this number to be reinforced later by the missing two. Thoughts of the slaughter Guys had committed to the tune of 19—0 on the ground the previous week meant that we started the game with some confidence. Almost at once we attacked and scored within ten minutes, when Jordan pushed one through from a general mêlée. The Northampton defence, however, held firm, and their goalkeeper getting much work to do obviously had his eye well in, while their left back foiled many attacks. Before half-time Green added a second.

The second half found Northampton attacking, and a lapse in our defence allowed one of their forwards to break through and score. After this Bart's went over to the attack and scored twice, Peebles by means of a good shot beating the goalkeeper and Jordan demonstrating that the policy of running at the goalkeeper always pays in the end. The game continued for what seemed to a not overworked member of the side an interminable time with much mid-field play and Bart's generally on top being foiled by a firm defence.

## SOCCER AT CAMBRIDGE

*v. Queen's College. Result, Won 13—1. At Queen's, Wednesday, October 20th.*

This, our first league match, was significant in that the large number of goals scored showed without a doubt the active and effective combination with which our forward line works. All the more so, when one realises that, due to heavy rainfall, the ball was in a slippery condition and thus difficult to control.

Techkam, in goal, more than anybody, showed us that he knows how to deal with the ball in this state, which enables the backs to pass back to the goalkeeper with the knowledge that it will reach safe hands.

The pace of the game can be understood when it is realised that five goals were scored in the first eight minutes with a Queen's man touching it but a bare few times.

Our added strength this year is due mainly to our wing-halves Amos and Blackman, whose strong and accurate long passing greatly increases the potentialities of the forward line, both as regards the starting of movements and the scoring of goals.

Thomas and Burns got nine of the goals between them, the rest of the forwards and Blackman getting one each.

*Team:—*

Techkam; Xavier, Paul; Blackman, Mangon,

(Capt.), Amos; Pine, McCluskey, Thomas, Burns, Whiteley.

*v. Pembroke, King's and Sidney Sussex Colleges. At King's, Saturday, October 23rd. Result, Won 11—3.*

Once again, the score reached enormous heights, and once again our opponents were forced to play with their backs against the wall beneath the swift and constantly recurring attacks of our forwards; but they played gamely to the end, which prevented the afternoon from becoming a mere shooting match.

Never have I seen a forward line so transparently fettered to a goal-scoring policy as this is.

Misfortune has again come to us early this season when Pine, on the right wing, damaged one of his ribs in a tussle with the opposing back.

Thomas and Burns again were the most prominent goal-scorers, getting three and four respectively. McCluskey got two, and Blackman and Amos one apiece, the latter being a hard drive from just outside the penalty area.

We must congratulate three of this team on being chosen to represent the University, and we must thank exams, train journeys and the loyalty to Bart's of these players, for the declining of the offer. McCluskey and Burns are not new to the University

team sheet, but this is the first appearance on it of our captain, M. N. Mangan, who was to be the reserve to travel.

Team:—

Teckham; Xavier, Paul; Blackman, Mangon, Amos; Pine, McCluckey, Thomas, Burns, Whiteley.

## SQUASH

After a lapse of some seasons during which only a few social fixtures have been played, the Squash Club has been resurrected and a full fixture list arranged. Our own court being out of commission all matches are being played on the opponents' ground; practice games can be played on various courts scattered over London.

If by any chance a reader finds that he still has a Silvertown Standard Squash Ball (or balls) which he doesn't want, would he let the Hon. Secretary have it as such articles are as rare as hens teeth and even more valuable.

*v. St. Mary's. Lost 1—4.*

Playing first string our revered captain Gabril was up against a fitter and faster man, being beaten 1—3. Stephen then raised our hopes by winning the first game 9—0 without going out. This seemed too much for him and his opponent promptly went to 8—0 in the second game, here I feel Stephen made a grave error by fighting back to the tune of 8—6; the effort of doing this still swathed in a sweater was obviously enormous, in fact he never recovered and lost 1—3.

J. E. Marrett lost in three straight games each being quite a close battle, however he is to be congratulated on a standard of sartorial elegance seldom seen in a squash court today. J. T. Harold played the elder of the brothers Graham and very

much against the form book won 3—1. Perhaps it was lucky he didn't know his opponent's previous record until after the game. The Graham brothers having exchanged shoes the younger one took on J. H. Gibson who made a close contest of it for the first game and a half but then developed a stitch, a severe handicap to his fast flagging energy.

*v. St. George's. Won 4—1.*

This match was played on neutral ground at the West London Club.

Stephen, fired by Marrett's example, appeared immaculately attired in long trousers and sweater, without removing the latter he rapidly disposed of that cheerful warrior Fort.

By contrast Gabril had a tremendous battle against a much younger opponent who refused to let anything go so that each point developed into a minor war of attrition. With the score at 8—0 against him in the fourth game he seemed destined to play the whole 5 games. Not so, displaying a staggering degree of skill and agility he took 10 points in a row to win game and match.

Marrett had a bad time against a more skilful opponent, he didn't seem to be getting into his stride at all. In addition he broke a new racket, which seems an expensive way of buying new balls.

Gibson and Brazier disposed of their respective opponents without much trouble.

## EXAMINATION RESULTS

### CONJOINT BOARD

OCTOBER, 1943

#### Pathology

|                  |                    |
|------------------|--------------------|
| Whitmore, T. K.  | Leverton, J. C. S. |
| Jepson, L. F.    | David, G.          |
| Green, B.        | Turton, E. C.      |
| Smith, W. H. R.  | Finlayson, V. O.   |
| Jones, V. H.     | Roberts, G. F.     |
| Monckton, G.     | Vincent, H. R.     |
| Ernest, M.       | Green, C. J. S.    |
| Jackson, L. G.   | Wood, A. B.        |
| Bethell, M. F.   | Whitehead, B. L.   |
| Adams, J. C. L.  | Orme, J. D.        |
| Westall, P. R.   | Robinson, P. K.    |
| Claremont, H. E. | Duff, D. R.        |

#### Medicine

|                   |                     |
|-------------------|---------------------|
| Whitmore, T. K.   | Leverton, J. C. S.  |
| Linsell, W. D.    | Lucas, P. F.        |
| McConachie, J. W. | Anderson, A. R.     |
| Jackson, L. G.    | Andrews, B. E.      |
| Ernest, M.        | Jones, J. N. Harris |
| Harrison, R. J.   | McIlroy, M. B.      |
| Jacobs, H. B.     | Green, C. J. S.     |
| Gibson, J. H.     | Goodbody, R. A.     |

#### Surgery

|                    |                 |
|--------------------|-----------------|
| Livingstone, A. V. | Brazier, D.     |
| Gabril, Y. Y.      | Bullough, J.    |
| Corbett, A. R.     | Gibson, J. H.   |
| Giles, H. McC.     | Marcroft, J. T. |
| Veater, D. G.      | Holmes, C. B.   |
| Bates, D. V.       | Gillies, M. T.  |
| Baldry, P. E.      | Fox, C. G.      |
| Peck, B. J.        | Miller, K. H.   |

Chambers, R. M.  
Roxburgh, R. C.  
Gould, M. G.

Jones, W. K.  
Hartley, C. E.  
Bibbings, G. E. R.

#### Midwifery

|                  |                    |
|------------------|--------------------|
| Whitmore, T. K.  | Linsell, W. D.     |
| Harrison, R. J.  | McIlroy, M. B.     |
| Hughes, M. S.    | Chambers, R. M.    |
| Hurt, R. W. L.   | Jackson, P. E.     |
| Ridge, L. E. L.  | Levy, L.           |
| Green, B.        | Whitehead, B. L.   |
| Cooper, J. R. C. | Chaudhuri, M. R.   |
| Lucas, P. F.     | Livingstone, A. V. |
| Baldry, P. E.    | Alterman, J.       |
| Pragnell, C. A.  | Curé, S. M. F.     |
| David, G.        | Wood, A. B.        |
| Turton, E. C.    | Smith, W. H. R.    |

The following have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.:—

|                 |                     |
|-----------------|---------------------|
| Ernest, M.      | Curé, S. M. F.      |
| Linsell, W. D.  | Vincent, H. R.      |
| Gabril, Y. Y.   | Anderson, A. R.     |
| Jones, W. K.    | Miller, K. H.       |
| Pragnell, C. A. | Bibbings, G. E. R.  |
| Green, C. J. S. | Jones, J. N. Harris |
| Jacobs, H. B.   | Goodbody, R. A.     |
| Peck, B. J.     | Chambers, R. M.     |
| Gould, M. G.    | Baldry, P. E.       |

### SOCIETY OF APOTHECARIES OF LONDON

The dates of the Society's Examinations for the month of January, 1944, are:—

Surgery—10th, 12th, 13th.

Medicine, Pathology—17th, 19th, 20th.

Midwifery—18th, 19th, 20th, 21st.